

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

CAS1.PAU.24.R

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,635,235, granted 06/03/97, and for which a reissue patent is sought on the invention entitled

Methods for Handling Masa

the specification of which

☐ is attached hereto.

☒ was filed on June 3, 1999 as reissue application number 09 / 325,122
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The claims directed to a "Diverter Gate" are too narrow.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

CAS1.PAU.24.R

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)

Registration Number

Joseph C. Andras

33,469

Vic Y. Lin

43,754

Correspondence Address: Direct all communications about the application to:



Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here



Firm or
Individual Name

Myers, Dawes & Andras LLP

Address

650 Town Center Drive, Suite 650

Address

City

Costa Mesa

State

CA

ZIP

92626

Country

USA

Telephone

(714) 444-1199

Fax

(714) 444-1198

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Victor R. Sanchez

Inventor's signature

Residence

14214 Edgemoor Court, Fontana, CA 92337-0109

Date September 2, 1999 (rec'd)

Post Office Address

Same As Above

Citizenship

Mexico

Full name of second joint inventor (given name, family name)

Alberto Oseja

Inventor's signature

Date

Residence

9528 E. Nan Street, Pico Rivera, CA 90660

Citizenship

U.S.A.

Post Office Address

Same As Above

Full name of third joint inventor (given name, family name)

Rigoberto Anguiano

Inventor's signature

Date

Residence

14619 California Ave., Baldwin Park, CA 91706

Citizenship

Mexico

Post Office Address

Same As Above

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

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Name(s) Registration Number

Joseph C. Andras 33,469

Vic Y. Lin 43,754

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or Individual Name Myers, Dawes & Andras LLP

Address 650 Town Center Drive, Suite 650

Address

City Costa Mesa State CA ZIP 92626

Country USA

Telephone (714) 444-1199 Fax (714) 444-1198

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Full name of sole or first inventor (given name, family name)

Victor R. Sanchez

Inventor's signature

Residence 14214 Edgehill Court, Fontana, CA 92337-0109

Date

Post Office Address Same As Above

Citizenship Mexico

Full name of second joint inventor (given name, family name)

Alberto Ceja

Inventor's signature

Date

Residence 9528 E. Nan Street, Pico Rivera, CA 90660

Citizenship U.S.A.

Post Office Address Same As Above

Full name of third joint inventor (given name, family name)

Rigoberto Anguiano

Inventor's signature

Date

Residence 14619 California Ave., Baldwin Park, CA 91706

Citizenship Mexico

Post Office Address

Same As Above

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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[Page 1 of 2]

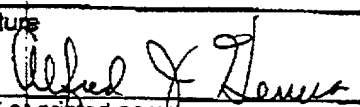
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EXHIBIT C

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) CAS1.PAU.24.R	
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Name(s)		Registration Number	
<u>Joseph C. Andras</u>		<u>33,469</u>	
<u>Vic Y. Lin</u>		<u>43,754</u>	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;">→</div>	
OR		<div style="border: 1px solid black; padding: 5px; text-align: center;">Place Customer Number Bar Code Label here</div>	
<input checked="" type="checkbox"/> Firm or Individual Name		<u>Myers, Dawes & Andras LLP</u>	
Address		<u>650 Town Center Drive, Suite 650</u>	
Address			
City		State	CA
<u>Costa Mesa</u>		ZIP	<u>92626</u>
Country		<u>USA</u>	
Telephone		Fax	<u>(714) 444-1198</u>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) <u>Victor R. Sanchez</u>			
Inventor's signature			
Residence		Date	
<u>14214 Edgemoor Court, Fontana, CA 92337-0109</u>			
Post Office Address		Citizenship	
<u>Same As Above</u>		<u>Mexico</u>	
Full name of second joint inventor (given name, family name) <u>Alberto Cerja</u>			
Inventor's signature		Date	
Residence		Citizenship	
<u>9528 E. Nan Street, Pico Rivera, CA 90660</u>		<u>U.S.A.</u>	
Post Office Address			
<u>Same As Above</u>			
Full name of third joint inventor (given name, family name) <u>Ricoberto Anguiano</u>			
Inventor's signature		Date	
Residence		Citizenship	
<u>14619 California Ave., Baldwin Park, CA 91706</u>		<u>Mexico</u>	
Post Office Address			
<u>Same As Above</u>			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

PTO/SB/55 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION AS TO LOSS OF LETTERS PATENT		Docket Number (Optional) CAS1.PAU.24.R
I hereby declare that: I am the applicant for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Victor R. Sanchez et al.		
Patent Number 5,635,235		
Title of Invention Methods For Handling Masa		
Reissue application number (if known)		
<p>(Patent was purchased from the Trustee The said original patent is lost or inaccessible. in Bankruptcy for the prior assignee - original patent not provided)</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>		
Signature 		
Typed or printed name Alfred J. Herrera President, Casa Herrera, Inc.		Date 6-3-99

Docket No. CAS1.PAU.24.R

Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application:

Examiner: Unknown

Applicant: Victor R. Sanchez et al.

Group Art Unit: Unknown

Assignee: Casa Herrera, Inc.

Serial No.: Unknown

Filing Date: Herewith

For: METHODS FOR HANDLING MASA

POWER OF ATTORNEY

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:


The assignee of record of the entire right, title and interest in the above-captioned patent application as shown by the attached assignment documents hereby appoints the following attorney to prosecute such patent application and to transact all business in the Patent and Trademark Office connected therewith:

Joseph C. Andras, Reg. No. 33,469
Vic Y. Lin, Reg. No. 43,754
MYERS, DAWES & ANDRAS LLP
650 Town Center Drive, Suite 650
Costa Mesa, California 92626
(714) 444-1199

Casa Herrera, Inc.

Dated: 6-3-99

By:


Alfred J. Herrera
President

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